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FM AMCONSUL GUANGZHOU
TO RUEHC/SECSTATE WASHDC 6857
INFO RUEHOO/CHINA POSTS COLLECTIVE
RUEAIIA/CIA WASHDC
RUEKJCS/DIA WASHDC
RUCPDOG/USDOC WASHDC
RUEHC/DEPT OF LABOR WASHDC
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
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HHS FOR STEIGER, ELVANDER AND BHAT
NIH FOR FOGARTY CENTER (HOLT)
NIH ALSO FOR NIAID (HOFF)
STATE FOR USAID FOR ANE AND GH/HIV-AIDS
STATE FOR S/GAC, OES, OES/PCI, OES/IHA, DRL/PHD, AND EAP/CM
CDC FOR GLOBAL AIDS PROGRAM
USDOC FOR ITA/MAC/AP/OCEA MCQUEEN
BANGKOK FOR USAID (BRADSHAW)
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E.O. 12958: N/A

TAGS: [KHIV](#) [EAID](#) [SOCI](#) [TBIO](#) [CH](#)

SUBJECT: AIDS in Guangxi: "The Problem Is Overwhelmingly
Ours"

REF: A) Guangzhou 13381; B) Guangzhou 12155; C) Guangzhou
11657; D) Guangzhou 5479; E) 05 Guangzhou 22492; F) 04
Guangzhou 21493

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11. (U) Summary: Guangxi Zhuang Autonomous Region's HIV-AIDS
problem continues to worsen. During a recent visit to
Guangxi's Center for Disease Control (CDC) and AIDS Care
China, an AIDS-related non-governmental organization (NGO)
based in South China, Congenoffs learned about how the
province is dealing with the problem. On the positive side,
local CDC officials did not blame Vietnam as the source of
all AIDS problems and have been increasing domestic
programming to deal with AIDS prevention. Nevertheless
China's cultural stigmas toward AIDS, slow NGO development,
and a weak overall medical infrastructure cannot stop a
rising tide of AIDS patients in Guangxi. End Summary.

12. (U) As part of the Consulate's continued efforts to
monitor HIV-AIDS in the Guangxi Zhuang Autonomous Region,
Congenoffs recently visited Nanning, Guangxi's capital, to
consult with two of the province's CDC experts, Chen Jie and
Liu Wei. According to the CDC, Guangxi has the third
largest number of HIV/AIDS cases in China (after Yunnan and
Xinjiang) with 20,000 HIV cases and 2,000 confirmed AIDS
patients. The CDC officials later unofficially estimated
that in five years the figures could be as high as 15,000-
20,000 AIDS cases and 60,000-80,000 HIV cases. The AIDS
problem is prevalent throughout Guangxi -- about one-fourth
of all counties in Guangxi have over 100 HIV cases.

Looking Beyond Vietnam for Sources of HIV/AIDS

13. (U) The reason for Guangxi's inordinately high HIV-AIDS

rates is a combination of factors. Traditionally, Chinese authorities believed Guangxi's border with Vietnam was the key to the problem. In the early 1990s, both legal and illegal trade connections with Vietnam exposed Guangxi to a nexus of HIV-AIDS patients and a flourishing drug trade (see refs D, E). Today, Guangxi has over 100,000 drug users and the majority of HIV-AIDS patients in Guangxi are intravenous drug users (56 percent). According to the CDC, throughout China, intravenous drug users account for only 30 percent of total HIV-AIDS cases.

¶4. (U) However, according to the CDC officials, border security has improved to the point that currently most of the illegal drug supply comes from domestic Chinese sources. Officials stated that the Chinese drug market is self-sustaining and does not rely as much on cross-border traffic. This is evidenced by the fact that the most prevalent HIV-AIDS subtypes in Guangxi are types B and C, which are typical in Yunnan and Xinjiang provinces, while type E, typical of Vietnam, is decreasing. (Note: HIV-AIDS can have a number of different subtypes with different levels of virility. End Note.) Guangxi has an overall migrant labor surplus of 10 million workers; thus the CDC assumed that HIV/AIDS patients must also be coming from other provinces.

Programs Improving, but Need More Help

¶5. (U) The Guangxi CDC is increasing its cooperation with international organizations and implementing preventative programs. International partners that provide funding include a British government project called China AIDS Road Map Technical Support (CHARTS), the World Bank, the U.S. National Institutes of Health, the Clinton Foundation, and a

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USAID program along the Guangxi-Vietnam border. Last year the CDC gave out 250,000 condoms, mostly to sex workers and at clinics that specialize in treating sexually transmitted diseases (STD), and, in its clean needle program, passed out 707,932 clean needles to drug users. Even more impressive, drug users returned 635,000 needles last year (89 percent return rate), which signifies the program has a steady market of "repeat customers". This latter program, now running smoothly, has had a somewhat checkered history, with the Public Security Bureau (PSB) having mixed views, torn between seeing addicts as criminals needing to be arrested and sent for rehabilitation through "cold turkey" or treating them as patients, as in this program.

¶6. (U) Unfortunately, budgetary constraints are limiting the program opportunities already in place. For example, support from the Clinton Foundation, which provides anti-retroviral (AVR) treatment for children under the age of 18 months, cannot be properly be implemented. Today the CDC has enough AVR medicine for over 700 children, but it lacks the necessary pediatric diagnostic machines and, as a result, can only support 200 children.

AIDS Care China: A Human Face to the Disease

¶7. (SBU) Besides the government perspective, Congenoffs also met with the NGO, AIDS Care China (ACC). The Consulate had requested a meeting with Medecins San Frontieres (MSF), but MSF declined to meet (perhaps not wanting to raise their status with Chinese authorities) (see ref C on NGO registration). The Consulate previously reported on ACC in 2004 (ref F). AIDS Care China deals with about 200 AIDS patients. Although an unregistered NGO, ACC works very closely with the Guangxi CDC, and the two are housed in the same complex. In general ACC enjoys a degree of freedom in its work. Nevertheless, CDC officials insisted on participating during the meetings with ACC.

¶8. (U) NGOs such as AIDS Care China are important because they fill a void the state-run medical system overlooks.

Many Chinese still maintain biases and superstition regarding AIDS patients. This partly stems from their educational system. Chinese schools rarely teach sexual education, much less cover the topic of sexually transmitted diseases. The medical system is relatively effective at diagnosing HIV-AIDS patients, but the social counseling and community network needed for individuals are missing.

¶9. (U) AIDS Care China deals with the situation through two main efforts. First, it can identify child patients who are then referred to the CDC's Clinton Foundation program. Second, once an individual is confirmed as an HIV/AIDS patient, ACC can provide them with counseling and social activities. For those patients coming from the countryside, ACC has a dormitory where they stay while receiving treatment. The social activities, although seemingly banal, can have a powerful effect. ACC officials cited as an example one young man disowned by his family when they discovered he had contracted HIV. However, after attending some ACC cultural events with other patients, the parents eventually learned to accept the fact that even with his disease, he is still their son.

¶10. (U) The local CDC chooses to shelter ACC not only as a way to monitor the NGO, but also because of its own funding agenda. AIDS Care China has traditionally worked with many international donors such as USAID and the United Nations. Since China's new NGO laws have made international aid to NGOs more difficult, the CDC benefits by offering its services to act as the middleman between many international donors and ACC. While this creates added surveillance for

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ACC, the situation is still better than in other NGO sectors. For example, in the area of women's rights, the Chinese Women's Federation refuses to work with any other (see ref C).

Challenges in Guangxi: How to Ensure Equal Treatment?

¶11. (U) Unfortunately a number of challenges remain in Guangxi, which undermine the HIV/AIDS effort. Due to the long distance between major cities in Guangxi, ACC mainly focuses on patients in the Nanning area. Many patients in rural areas cannot receive AVR treatment because the cost is too great or medical facilities do not carry the drugs. The Central Government's policy of "sige mianfei" or the "four frees" includes access to free ARV medicine for those living in rural areas. However, the system to track HIV/AIDS patients is limited and there are countless patients who may come to the provincial capital for treatment once or twice but cannot afford to come on a regular basis.

¶12. (SBU) Finally, Guangxi's bureaucratic situation also creates unique problems for HIV/AIDS patients. Many pregnant mothers with HIV-AIDS face potentially deadly bureaucratic headaches. All HIV-AIDS patients are required to visit specific designated hospitals for treatment. Due to the blood-intensive nature of birthing, many doctors recommend a cesarean section for pregnant HIV-positive mothers. Unfortunately, most of the HIV-AIDS designated hospitals in Guangxi do not have the facilities or trained personnel to perform cesarean sections. Thus the mothers are forced to birth their babies normally, greatly increasing the chance of infecting the baby. As a CDC official pointed out, the practice of a normal hospital refusing treatment is illegal but local NGOs charge that the practice still exists.

COMMENT: Facing Facts and Making Compromises

¶13. (SBU) The openness of the CDC officials regarding HIV/AIDS in Guangxi was impressive. The CDC officials clearly understood the extent of the HIV/AIDS problem and were open to accepting the fact that there are domestic factors in play instead of simply blaming their southern

neighbor, Vietnam. Although there is still the problem with the lack of sufficient funds, HIV/AIDS patient care in Guangxi's capital seems adequate.

¶14. (SBU) Additionally, CDC's cooperation with AIDS Care China is respectable, especially in comparison with other NGO sectors in China. While the CDC does not sponsor the NGO for registration, the CDC does share its patients with the NGO and provides office space for it. This support is vital for NGO development and a networked society to combat HIV/AIDS. The CDC itself also gains from the relationship, by using the NGO groups as vehicles to encourage more international aid. In contrast, many government-led NGOs just take over the sector (for example the Women's Federation) and do not encourage genuine NGOs to grow (see refs A, B, and C). Unfortunately, despite the efforts of the CDC and NGOs in Guangxi, the combination of a poor, rural medical infrastructure, limited NGO growth, and bureaucratic mismanagement means that too many HIV/AIDS patients are still slipping through the cracks.

DONG